Approved for use through 73 (1906), 0.018 0631-0031 U.S. Patient and Trademark Office, U.S. DeTATHENT OF COMMENTATION TO COMMENT OF THE PROPERTY OF THE PROPE

Docket Number (Optional) 2303-003-03

In re Application of Brian R. Murphy, et al  Application Number 09/458,813   Filed December 10, 195 For Use of Recombinant Live-Attenuated Parainfluenza Virus a Vector to Protect Against disease Caused by PIV and Respire Syncytial Virus (RSV)  Art Unit 1648   Examiner Stacy Chen  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the abovidentified application.  The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  One month (37 CFR 1.17(a)(1)) \$	(PIV) a
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Two months (37 CFR 1.17(a)(2))  □ Three months (37 CFR 1.17(a)(3)) □ Four months (37 CFR 1.17(a)(4)) □ Five months (37 CFR 1.17(a)(4)) □ Five months (37 CFR 1.17(a)(5)) □ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ □ A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account The Director is hereby authorized to charge any deficiency fees which may be required, or credit any overpayment, to Deposit Account Number 07-1897. □ I have enclosed a duplicate copy of this sheet. □ and the □ applicant/inventor. □ assignee of record of the entire interest. See 37 CFR 3.71	
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Four months (37 CFR 1.17(a)(4)) \$     Five months (37 CFR 1.17(a)(5)) \$     Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$   A check in the amount of the fee is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director has already been authorized to charge fees in this application to a Deposit Account The Director is hereby authorized to charge any deficiency fees which may be required, or credit any overpayment, to Deposit Account Number 07-1897 .   I have enclosed a duplicate copy of this sheet.   I am the	
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
attorney or agent of record. Registration Number	
☑ attorney or agent under 37 CFR 1.34(a).	
Registration number if acting under 37 CFR 1.34(a). $\underline{38,515}$ .	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	е
January 28, 2005	
Date / // Signature /	1
425.455-5575 Jeffrey J. King	
Telephone Number Typed or printed name	

more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted. 

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